

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90257 023 ***150.00

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1. Entity Name

TRIUMPH ASSOCIATES AMERICA INC.



Principal Place of Business

2440 S.E. FEDERAL HIGHWAY STE. F
STUART FL 34994

Mailing Address

2440 S.E. FEDERAL HIGHWAY STE. F
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3764673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, RICHARD
9650 S. OCEAN DRIVE
JENSEN BEACH FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME ADAMS, ROBERTA
STREET ADDRESS 2440 S.E. FEDERAL HIGHWAY STE. F
CITY-ST-ZIP STUART FL 34994

TITLE VC ☐ Delete
NAME ADAMS, DOUGLAS
STREET ADDRESS 25 BROAD ST PHM
CITY-ST-ZIP NEW YORK NY 10004

TITLE VP ☐ Delete
NAME ADAMS, R. FRANKLIN
STREET ADDRESS 108 E 96TH ST APT 7C
CITY-ST-ZIP NEW YORK NY 10128

TITLE ST ☐ Delete
NAME ADAMS, RICHARD J
STREET ADDRESS 9650 S OCEAN DRIVE APT 1101
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberta Adams* Roberta Adams

3/1/05

772-283-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #